FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047714 (8)**

1. Corporate Name
CORAL SPRINGS RADIATION THERAPY REGIONAL CENTER, INC.

Principal Address of Business	Mailing Address
1419 SE 8TH TER CAPE CORAL FL 33990	1419 SE 8TH TER CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Other — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0499699** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANTON, VICTORIA 1419 SE 8TH TER CAPE CORAL FL 33990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of registered agent and title if applicable) (Typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
91 Title	DP	91 Title	☐ Change ☐ Addition
92 Name	KATIN, MICHAEL J	92 Name	
93 Street Address	1419 SE 8TH TER	93 Street Address	
94 City-St-Zip	CAPE CORAL FL 33990	94 City-St-Zip	
91 Title	DV	91 Title	☐ Change ☐ Addition
92 Name	BLITZER, PETER H	92 Name	
93 Street Address	1419 SE 8TH TER	93 Street Address	
94 City-St-Zip	CAPE CORAL FL 33990	94 City-St-Zip	
91 Title	DT	91 Title	☐ Change ☐ Addition
92 Name	RUBENSTEIN, JAMES H	92 Name	
93 Street Address	1419 SE 8TH TER	93 Street Address	
94 City-St-Zip	CAPE CORAL FL 33990	94 City-St-Zip	
91 Title	DS	91 Title	☐ Change ☐ Addition
92 Name	DOSERETZ, DANIEL E	92 Name	
93 Street Address	1419 SE 8TH TER	93 Street Address	
94 City-St-Zip	CAPE CORAL FL 33990	94 City-St-Zip	
91 Title	D	91 Title	☐ Change ☐ Addition
92 Name	SHERIDAN, HOWARD M	92 Name	
93 Street Address	1419 SE 8TH TER	93 Street Address	
94 City-St-Zip	CAPE CORAL FL 33990	94 City-St-Zip	
91 Title		91 Title	☐ Change ☐ Addition
92 Name		92 Name	
93 Street Address		93 Street Address	
94 City-St-Zip		94 City-St-Zip	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Daniel E. Doseretz 5/1/95 813-772-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0331958 CP